



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Elite Orthopedics Sports Medicine

Respondent Name

ACIG Insurance Co

MFDR Tracking Number

M4-15-2285-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 23, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...this patient was seen in the hospital as an emergent care patient. The doctor on call as the time was Dr. Laura Torres-Barre and, we are requesting payment for her services."

Amount in Dispute: \$3,905.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel will maintain the requestor, Laura Torres-Barre, MD is entitled to \$0.00 reimbursement for date(s) of service 09/11/14 through 09/30/14 in the amount of \$3,905.00 based on the Texas Workers' Compensation Act and Division rules in effect at the time services were provided."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 11 - 30, 2014	99218, 11043, 28465, 28470, 73630, 29405, 29730, Q4038	\$3,905.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of health care.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 236 – This proc or proc/mod combo not compatible. Decision for Surgery, CCI; CPT manual and CMS coding manual instructions.
 - 197 – Payment adjusted for absence of precert/preauth
 - B20 – Srvc partially/fully furnished by another provider.

Issues

1. Are the services in dispute for September 11, 2014 separately payable?
2. What is the applicable rule that applies to reimbursement?
3. Was prior authorization required by Division guidelines?
4. Was the services submitted as required by Division guidelines?
5. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied code 99218 as “236 – This proc or proc/mod combo not compatible. Decision for Surgery, CCI; CPT manual and CMS coding manual instructions.” Review of submitted documentation, finds,

- CPT code 28008 has Global Period: 090
- National Correct Coding Initiative Manual, Chapter 11, page 35, “If a procedure has a global period of 090 days, it is defined as a major surgical procedure. If an E&M is performed on the same date of service as a major surgical procedure for the purpose of deciding whether to perform this surgical procedure, the E&M service is separately reportable with modifier 57.”
- Submitted medical claim contains code 99218, -57

The Division finds the use of the 57 modifier is supported. The Carrier’s denial is not supported. This Disputed service will be reviewed per applicable rules and fee guidelines.

2. 28 Texas Administrative Code §134.203 (c) states in applicable part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor). For Surgery when performed in a facility setting, the established conversion factor to be applied is (date of service yearly conversion factor).” The MAR will be calculated as follows;

- Procedure code 99218, service date September 11, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.92 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 1.94688. The practice expense (PE) RVU of 0.75 multiplied by the PE GPCI of 1.004 is 0.753. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.939 is 0.10329. The sum of 2.80317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$156.28.

The total allowable reimbursement for this service in dispute is \$156.28.

3. The Carrier denied the disputed dates of service September 14, 2014 and September 16, 2014 as “197 – Payment adjusted for absence of precert/preauth.” 28 Texas Administrative Code §134.600 (p) states, “Non-emergency health care requiring preauthorization includes: (1) inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay; (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section.” Review of the submitted medical claim finds “Place of Service” listed in 24B to be “21” or Inpatient Hospital.” The Carrier’s denial is supported. No additional payment can be recommended.
4. 28 Texas Administrative Code §134.203 (c) states in applicable part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor). The maximum allowable reimbursement will be calculated as follows;

- Procedure code 73630, service date September 30, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.17238. The practice expense (PE) RVU of 0.71 multiplied by the PE GPCI of 0.989 is 0.70219. The malpractice RVU

of 0.02 multiplied by the malpractice GPCI of 0.939 is 0.01878. The sum of 0.89335 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.80.

- Procedure code 29405, service date September 30, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.8 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.8112. The practice expense (PE) RVU of 1.41 multiplied by the PE GPCI of 0.989 is 1.39449. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.939 is 0.10329. The sum of 2.30898 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$128.73. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$122.00.
- Procedure code 29730, service date September 30, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.75 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.7605. The practice expense (PE) RVU of 0.98 multiplied by the PE GPCI of 0.989 is 0.96922. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.939 is 0.10329. The sum of 1.83301 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$102.19. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$92.00.
- Procedure code Q4038, service date September 30, 2014, has a status indicator of X, which denotes items and services subject to statutory exclusion. These items or services are not within the statutory definition of "physicians' services" for Physician Fee Schedule payment purposes.
- The total allowable reimbursement for the services in dispute for date of service September 30, 2014 is \$263.80. This amount less the amount previously paid by the insurance carrier of \$424.25 leaves an amount due to the requestor of \$0.00. No additional reimbursement can be recommended.

5. The total allowable reimbursement for the services in dispute is \$420.68. This amount less the amount previously paid by the insurance carrier of \$424.25 leaves an amount due to the requestor of \$0.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ May , 2015 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.